## National Park Service United States Department of the Interior





## Emergency Release Form – Summer Junior Rangers 2014

In the event of a medical emergency, I _	(parent/legal guardian
name), do hereby give the staff of George	e Washington Carver National Monument permission
to ensure my child	<del></del>
(child's name) is cared for	for in such a manner as is deemed reasonable and
necessary by the emergency. This include	ides first aid given at the park or transportation to the
medical facility I have indicated, if poss	sible. I understand that the staff of George Washingto
Carver National Monument will make ex	every effort to reach me, in the event of such an
emergency, at the telephone numbers I h	have provided on this form. I also confirm that I have
informed the staff of George Washington	on Carver National Monument of any special medical
needs my child has, including allergies,	seizures, diabetes, along with any special instructions
accordingly. Peanuts are in use at Ge	eorge Washington Carver National Monument
My child's special health conditions a	and instructions for care:
N. 1	'1 1
My choice of medical facility, if poss	sible:
	. ct
My emergency telephone numbers:	1 <sup>st</sup>
	2 <sup>nd</sup>
	3 <sup>rd</sup>
Signed:	Date: